

APPLICATION FOR PLUMBING PERMIT

5

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

MAKE CHECKS PAYABLE TO:

HARVEY T. BRANDT, COUNTY ENGINEER

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

| NUMBER | FIXTURE OR ITEM | @ | FEE |
|--------|---------------------------|------|------|
| | WATER CLOSET | 2.00 | |
| | BATH TUB | 2.00 | |
| | SHOWER | 2.00 | |
| | LAVATORY | 2.00 | |
| | SINK | 2.00 | |
| | DISHWASHER | 2.00 | |
| | CLOTHES WASHER | 2.00 | |
| | SWIMMING POOL RECEPTOR | 2.00 | |
| | LAWN SPRINKLER SYSTEM | 2.00 | |
| 1 | WATER HEATER | 2.00 | 3 00 |
| | GAS SYSTEM OUTLETS | 2.00 | |
| | OUTLETS OVER 5 PER SYSTEM | .30 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Plan check fee

See Reverse

PLUMBING PERMIT ISSUING FEE \$

6 00

TOTAL FEE

9 00

Plan check applicant

Name

Address

City

Tel. No.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE
OF PERMITTEE

BUILDING
ADDRESS

3646 Homeway Dr.

LOCALITY

Lennox

NEAREST
CROSS ST.

OWNER

Washington

MAIL
ADDRESS

3646 Homeway Dr.

CITY

Los Angeles

TEL. NO.

292-1706

CONTRACTOR

Pacific Installers

ADDRESS

1917 Ardenia

CITY

Gardena

TEL. NO.

327-8551

STATE
LICENSE NO.

211808

LIC
CLASS

DISTRICT NO. GROUP

ZONE

PROCESSED BY

INDUSTRIAL
WASTE APPROVAL

INSPECTION RECORD

APPROVALS

DATE

INSPECTOR'S SIGNATURE

UNDER SLAB WORK

ROUGH PLUMBING

GAS PIPING

GAS VENT

HOT WATER HEATER

PLUMBING FIXTURES

GAS TEST

UTILITY CO. NOTIFIED

FINAL

PERMIT VALIDATION

CK.

M.O.

CASH

PLAN CHECK VALIDATION

CK.

M.O.

CASH

TEMPORARY FILE COPY